



Minnesota
STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

TOWN MEETING

CAMBRIDGE STATE HOSPITAL REGION

August 22, 1984

PROGRAM

INTRODUCTORY REMARKS

Miriam Karlins
Town Meeting Coordinator

"FOR YOUR INFORMATION": A
REVIEW OF CURRENT STUDIES

Colleen Wieck, Ph.D.
Project Director

CITIZENS RESPOND

Audience Participation

Resource persons are available in the audience to answer questions and supply additional information.

In order to allow time for maximum audience participation, please limit your comments to three minutes.

Persons wishing to write or phone their suggestions, concerns, or questions may do so by writing to Colleen Wieck, Ph.D., Project Director, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, Minnesota 55101, or phoning (612) 296-4018.

A one-day, toll free call-in will be held statewide on Tuesday, October 16, 1984, from 7:30 a.m. to 5:00 p.m. The procedure will be for the caller to dial 1 (800) 652-9747 and ask to be connected to the "State Hospital Study." The state operator will then connect the caller to our phone.



editorial / opinion

Town Meet: Be there!

All eyes will be on Cambridge Wednesday evening, Aug. 22 as people from throughout east central Minnesota turn out at the Cambridge Elementary School gym to let state planners know the importance of the State Hospital to the community as a whole.

For years the Cambridge State Hospital has existed on the edge of town. And, although most people here knew deep down inside that the institution was a mainstay of the local economy, it was often taken for granted.

Since the big debate on the future of the system began when Rochester State Hospital closed virtually without notice, there has been more awareness in the local community about the impact of the state hospital on the local economy. All of us are beginning to understand in a very real way just what it would mean if the state hospital did close down.

Because the meeting at Cambridge is the first in a series of town meetings — each town in which a state hospital is located will have one — there will be a lot of state wide, and maybe even national news media attention.

Because of the importance of the State Hospital to our area, the meeting deserves your attendance. Because people will be watching the meeting as an indication of community support, your attendance is doubly important.

M.M.

State study stirs hospital closing fear

By EVELYN PUFFER

Does the state have an obligation to continue operation of Cambridge State Hospital based on a historical background of mental needs met by the community?

Or, does it have an even bigger obligation to taxpayers to operate the state hospital system as economically as possible even if that makes making some tough, unpopular decisions?

These were just two questions asked last week as the Minnesota State Planning Agency kicked off a series of nine public hearings with a town meeting in Cambridge.

The purpose of the meeting was to share information on the study of the state hospital system being undertaken by the agency and to give the public a chance to have

their say.

Town Meeting Coordinator Miriam Karins began the meeting by explaining that the study was prompted by legislation sponsored by Rep. Dick Vriehs of Cambridge. That legislation called for an informed study on the impact of any state hospital closing before the process had gone too far.

Many community residents in the Rochester area, she explained, felt they received too little information, too late, about the closing of Rochester State Hospital. She and other agency personnel were in Cambridge, she said, to listen and add the local community to the broader state picture.

Dr. Colleen Wieck, project director from MSPA, underscored Karins' comments

about the agency's role in listening to the community. Said Wieck, "We are not preparing a closure report."

There was considerable opportunity to listen as the approximately 450 persons who crowded into the elementary gymnasium, began to "have their say."

Many of those persons were members of AFSCME, the union representing state hospital employees while

many others were parents or relatives of state hospital patients. Other participants expressed concern about the hospital's impact on the local economy as the area's largest employer.

Dwight Melkute told the crowd he was representing the Cambridge Area Education Association in strongly opposing any thought of closing Cambridge State Hospital.

He noted that many families

Continued on page 4

St. Paul News

August 30, 1984

Cambridge Star
8-15-84



being frank



by Frank Przybilla, Publisher

WHAT IS THIS world coming to? Farmers can bale hay or straw in 90 plus weather. Stores and offices, or factories without air conditioning can function in 90 plus weather, but in Grew Wing County, prisoners cannot be kept in jail if the temperature is over 85 degrees. I would have to think for a while to come up with anything else to match that for sheer stupidity.

While people in jail should not be abused, most of them are there because they violated a law or laws, not for an expense paid vacation. A fan or two to circulate the air, and

not putting with the heat, like some of us not in jail have to do, does not seem like cruel and inhuman treatment to me. It must have taken a lot of research and thought for that judge to have come up with such a stupid decision.

+ + +

TOWN MEETING. be there! Wednesday night, Aug. 22, from 7:30 p.m. at the Cambridge Elementary Gym.

The meeting will be held by the State Planning Agency and will be the only meeting in this area.

The purpose of the meeting is to explain to the people of Cambridge and the surrounding areas the intent of the law which mandated the State Planning Agency, and other state agencies, to study the economic impact of closing state hospitals, and present the findings to the legislature. Also to obtain the concerns of the people in the area and answer their questions.

The total economic impact in this area by the State Hospital last year was approximately 19.21 million dollars. Having the town meeting will not

guarantee the hospital will remain, nor does it mean the hospital will close, but it is extremely important to get some insight as to what may happen and what alternatives there are. It may also stimulate some ideas on what to do with the buildings and land if the hospital does close, before it closes.

It is extremely important for this area to have a large turnout for this meeting. Please be there.

+ + +

HAVE A GOOD WEEK!

ies would be forced to move from the area, the school would have to be closed, and accompanying state aids and cuts would have to be made in teaching staff.

Dr. Ray Hoheisel expressed on Maikkula's comments noting that District 911 had bonded for the district buildings based on the current and projected student population. The closing of CSH would negatively impact the district and the school facilities.

Said Hoheisel, "We've been working closely with CSH to serve severely handicapped students. We've become friends and partners."

More City Administrator Robert Preston expressed concern not only for CSH, where many city residents work, but also about Moose Lake State Hospital. Urged Preston, "Be fair."

"The Legislature doesn't say, 'we have to close a state hospital' no matter what," interjected Rep. Welch. "It's the numbers that tell us that changes have to be made."

Welch told the group there are no immediate plans to close a state hospital and went on to use the following analogy in explaining the problem.

"If you have a six bedroom house and 10 people and suddenly it's just Ma and Pa - you don't need that big house."

Many state hospital residents have been moved into community facilities in response to both the Weisch vs. Noot decision and a changing philosophy in dealing with the mentally retarded. The number of state hospital residents is declining.

There are 479 residents left at CSH, according to hospital officials, and nearly all are considered profoundly retarded. The few that do not fall into that category, demonstrate serious maladaptive behaviors that make them inappropriate for community placement.

Some state hospital employees believe moving residents out of the hospital system and into group homes

can be cruel. Said one worker, "It's like taking a child from his home. We are their surrogate family."

She went on to explain, "When a resident is moved, it's like taking a child away from his family. They don't have any way of communicating. It's a very, very traumatic experience."

While Lake County Board Chairman Bob Weisch chairs the Lake County Welfare Board and drew lengthy applause with personal comments about a case with which she was familiar.

"There was a gentleman, Kevin Hackett, who was at the top of the heap in the state hospital system and then they placed him in a nursing home in Foley. He has to be brought to the DAC every day by bus. He disrupts the DAC. He is a very, very unhappy person. He is not happy out in the world as we know it."

Comments about group homes, possibly not meeting the same standards as state hospitals, drew an immediate response from an operator of a Goldenwood group home.

"We're under the same licensing standards as the state hospitals," she said, "we have the same standards for diets, the only difference is our family eats family style." She said she took personally several of the negative comments made about group homes in general.

Jack O'Brien is an administrator in the CADRE program, housed mainly at CSH and run by District 911. Commented O'Brien, "I have been impressed over the years with the continual increase in skills of the staff serving the handicapped. We shouldn't lose that resource."

He noted also the ancillary programs involved with CSH, such as the Foster Grandparents program.

Cambridge Councilman Dr. Carsten Seecamp said he was speaking for the city when he noted the positive impact CSH has on jobs and in bringing in support for other businesses.

According to a realtor from

District 11, if CSH were to close, it would have a disastrous effect on equity in home value whether the residents were moved to group homes or to private facilities.

Several members appeared to feel that the state had made a commitment to the area when it opened CSH. Commented Marie Welch, "CSH is a community-based facility because we made it a part of us. When they needed us, we

need them and they should be there for us."

Rep. John Clemons (D-Lake Superior City) appeared prominently in his response to comments that the closing of a state hospital should not be a political decision. Said Clemons, "There are no non-political decisions. The state is going to have to take a long hard look at what the needs are, the facilities, and the funds available and make some tough decisions."

Maria York, supervisor with Isanti County Family Services, appeared to come the closest of audience participants to what the planning agency was seeking with several comments.

She said the state should be appropriately placed out of the state hospital system. Addressing the problem of deinstitutionalization, she made several suggestions.

(1) Keep the state hospitals open but possibly on a smaller scale (2) Expand their use to serve all disability groups and (3) open cooperative arrangements in the service delivery area to keep the state hospital employees working and utilize their experience.

Said, would be to share staff between the group homes and state hospital.

Wrapping up the meeting, Kallins reiterated that no decision was going to be made until all the town meetings had been held. Anyone wishing to make additional comments was urged to write to Dr. Colleen Wieck, Project Director, State Planning Agency, 201 Capitol Square Building, 550 Cedar Street, St. Paul, Mn. 55101 or to call her at 298-4018.

On Oct. 16 a statewide toll free call-in will be held from 7:30 a.m. - 5 p.m. Callers should dial 1-800-652-9747 and ask to be connected with the "State Hospital Study".

The Star asks:

photos by John Popham

Cambridge Star Cambridge, MN Thursday, August 16, 1984 5

"What would closing Cambridge State Hospital mean to the community?"



Joe Lindroth, Cambridge: "It would have a profound effect on the community. There's no doubt that the hospital has helped the economy for many years."



Connie Steed, Cambridge: "I think it would have a big effect on the community. There are a lot of people employed out there."



Billy J. Sarasin Sr., Spencer Brook: "It would mean an awful loss of jobs. I think it should be kept open."



Kenneth Aldrich, Brook Park: "We'd lose jobs. That's the biggest thing."



Carol Hansen, Cambridge: "I think they should keep it open. Cambridge gets a lot of business from the residents there."



Selmer Severson, Cambridge: "I think it would have an effect on the business climate. Quite a few people are employed there."

Dozens at forum speak against closing Cambridge State Hospital

By Sam Newlund
Staff Writer

Cambridge, Minn.

Cheers and loud applause greeted Gloria Habeck Wednesday night when she described to an audience of about 300 people a mentally retarded man who had been happy at Cambridge State Hospital but unhappy when he was released "out in the world."

Habeck, chairperson of the Milacs County Welfare Board, was among dozens of people who gathered at Cambridge Elementary School to try to head off what they said they fear will be the closing of the state hospital — or to at least soften the blow of closure if it should come.

They spoke at the first of nine public forums being held around the state between now and Oct. 9.

The meeting attracted about 300 state hospital employees, business people, school officials and relatives

of patients. Some employees may lose their jobs or may be forced to move if Cambridge should be closed.

Habeck was among several speakers who said they were worried that moving to public group homes or other alternatives to the hospital would traumatize the patients.

Others claimed that group homes would have lower standards of sanitation and patient care and would pay inferior wages and fringe benefits to employees.

"Don't take the residents away from the hospital," one woman said. "This is their home."

Some hospital employees were angry at the prospect of having to relocate if their jobs were phased out by the closure or a rapid shift of patients to smaller community units.

"Are they going to be able to buy our homes so we can work elsewhere?" demanded Steve Bolen, a hospital

mechanic.

Bill Sawyer, who owns a Cambridge hardware store, said the state should behave like a responsible corporate citizen toward the community. "It should offer something other than treating it as a bastard child," he said.

The forums, organized by the State Planning Agency, are the indirect result of widespread anxiety about possible closing of one or more of the state's eight state hospitals.

The state Department of Human Services, which runs the hospitals, has denied repeatedly that it has any hidden shutdown plans. But a shift in emphasis from big state institutions to community-based programs has been a reality for many years, in Minnesota and other states.

Two hospitals have been closed in the past seven years — Hastings State Hospital in 1977 and Rochester State Hospital in 1982. Critics of the Rochester closing said it was done for political reasons and pushed through far too quickly to assess the consequences and plan for them.

Of the eight remaining hospitals, only Cambridge and Faribault have solely retarded residents. Anoka State Hospital has mentally ill and chemically dependent patients; the others — at Brainerd, Fergus Falls, Moose Lake, St. Peter and Willmar — have retarded residents as well as the mentally ill, chemically dependent or both.

The forums are part of a State Planning Agency study ordered by the 1984 Legislature in the wake of two developments that angered many people.

First, Human Services (then the Department of Public Welfare) announced in December a plan to reorganize the hospital system, which many took as playing down some institutions in favor of others. At Moose Lake, one of the assumed less-favored hospitals, employees and civic leaders said they feared the result of the plan would be closure. This would destroy much of the town's economy, they said.

State hospital forums begin

CAMBRIDGE (AP) — When Gloria Habeck told of a mentally retarded man who had been happy at Cambridge State Hospital, but unhappy when he was released "out in the world," she received thunderous applause and cheers.

The reception came Wednesday night in Cambridge from some 300 people who gathered to try to head off a possible closing of the state hospital or soften the blow of closure if it comes.

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(Forum)

Continued on Page 18

★ Forum

Continued from Page 1

Oct. 9.

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The plan was scrapped in January as opposition mounted.

Second, worry mounted over the department's plans for "waivered services" for the retarded, a move that would accelerate the trend away from state hospital care in favor of more "normal" community placement. The department had applied for, and later was granted, a federal waiver to permit use of Medicaid for an array of community services and facilities.

Legislation was introduced to stop the waiver application, but instead

of adopting it, lawmakers ordered the state planning study of the hospitals' future.

The forums, organized by the State Planning Agency, are the indirect result of widespread anxiety about the possible closing of one or more of the Minnesota's eight state hospitals.

The forum in the Fergus Falls area has been scheduled for Tuesday, Sept. 25, at the Detroit Lakes Vocational Technical School from 2-4 p.m. and 7-9 p.m.

The state Department of Human Services, which runs the hospitals, has denied repeatedly that it has any shutdown plans. But a shift in emphasis from big state institutions to community-based programs has been a reality for many years in Minnesota and other states.

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Thursday, September 6, 1984

State hospitals

In regard to the Aug. 23 article, "Dozens at forum speak against closing Cambridge State Hospital," it is worth remembering that Minnesota did not build state hospitals to provide jobs for public employees or to provide revenue for nearby businesses. The institutions were built to provide services that were nonexistent in our communities years ago.

Now that our communities have the ability to provide superior services for persons with developmental disabilities, the benefactors of institutionalization are understandably concerned about their own futures. However, to grant public institutions the status of a protected industry would be a travesty, for such protection can exist only at the expense of the disabled. — Elizabeth Carlson, Minneapolis.

MEETING and nobody came?

The State Planning Agency is coming to Brainerd tomorrow night to hold a Town Meeting. They want to know how we feel about the Brainerd State Hospital. They are seeking facts . . . and will go away with impressions.

In Faribault more than *seven hundred* concerned townspeople showed up to defend *heir* hospital. In Willmar last week, some *four undred* anxious citizens packed the Central Office Building. In both meetings, and seven others like them around the State, the Planning agency is being *very* impressed by *acts . . . and people.*

If it becomes necessary for the State to close one or two hospitals, is it possible they would choose *our* Brainerd State Hospital with its 400 some residents, 600 plus employees, and \$17.5 million payroll? The facts suggest that our Brainerd facility should be the *last* to go . . . with its renown for superior care and treatment of the mentally ill in a 14-county region, it's unequalled service to our Indian community, and its statewide treatment of juvenile delinquents.

Yet, these vital services to people in need all over Northern Minnesota are presently threatened on the State carving board!

opinion DOES COUNT!

SEPTEMBER 24 HIGH SCHOOL

The facts favor Brainerd State Hospital. But, the State is obviously looking for something *more*. It may be something as simple as *caring*. Your presence at tomorrow night's meeting might just be the difference between a sign on the hospital door that reads WELCOME . . . and one that says: CLOSED . . . DUE TO LACK OF INTEREST.

Of The Brainerd Area Chamber of Commerce